

SPRINGDALE FIRE DEPARTMENT

Fire Prevention Division

SPRINKLERED OCCUPANCY CHECK FORM

Date: _____ Inspector: _____

Contact information: Name: _____
Business: _____
Address: _____

1. **Fire Department Connections.**

Location is unobstructed	Yes	No	
Caps are in place	Yes	No	
Knox caps operate properly	Yes	No	N/A

2. **Inspection tags**

Current inspection tag in place	Yes	No	
Tag color	Red	Yellow	Green

Inspection company: _____

3. **Control Valves**

A total of _____ valves are on this system and _____ were open as required.

Closed valves were brought to the attention of a responsible person for corrective action on this date.

Yes	No	N/A
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4. **Pressure Gauges.**

All pressure gauges were examined and found to be in proper operating condition.

Yes	No
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Improperly working gauges were brought to the attention of a responsible person for corrective action on this date.

Yes	No	N/A
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5. **Knox Box**

Knox box was easily opened	Yes	No
Knox box Maintenance was performed	Yes	No
Keys were in place	Yes	No